

12115

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Gila</u>	BUREAU OF VITAL STATISTICS		State Index No. <u>178</u>
District of <u>Globe</u>	ORIGINAL CERTIFICATE OF BIRTH		County Registrar No. <u>676</u>
Town of _____			Local Registrar No. _____
or _____			
City of _____	(If birth occurred in a hospital or institution, give its NAME instead of street and number)		St. _____ Ward _____
2. Full name of child <u>Hazel Johnson</u>			
3. Sex of Child <u>Female</u> To be answered ONLY in event of plural births. <input checked="" type="checkbox"/> Twin, triplet or other _____ 6. Legitimate? <u>yes</u> 7. Date of birth <u>Aug. 27, 1924</u>			
5. No., in order of birth <u>1</u>			
8. FATHER		14. MOTHER	
Full name <u>James Rollie Johnson</u>		Full maiden name <u>Pansy Wright</u>	
9. Residence (Usual place of abode) <u>Globe, Ariz.</u>		15. Residence (Usual place of abode) <u>Globe, Ariz.</u>	
10. Color or race <u>white</u>		16. Color or race <u>white</u>	
11. Age at last birthday <u>29</u> (Years)		17. Age at last birthday <u>20</u> (Years)	
12. Birthplace (city or place) <u>Clifton Ariz.</u>		18. Birthplace (city or place) <u>New Mexico</u>	
13. Occupation <u>miner</u>		19. Occupation <u>Housewife</u>	
20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)		21. Were precautions taken against syphilis neonatorum?	
(a) Born alive and now living <u>1</u>		<u>yes</u>	
(b) Born alive but now dead <u>0</u>			
(c) Stillborn <u>1</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>Globe</u> on the date above stated.			
(Born alive or stillborn.)			
Signature <u>T. C. Harper, M. D.</u>			
Address <u>Globe, Ariz.</u>			
Given name added from a supplemental report _____			
Month, day, year. _____			
Filed <u>9-8</u> 19 <u>24</u> <u>R. B. Jones</u> Local Registrar.			
County Registrar.			

815-827-763